

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES**  
**CRN POC COMPETENCY VALIDATION**

Name: \_\_\_\_\_ Manager or Designee: \_\_\_\_\_  
 Work Area: \_\_\_\_\_ Primary Preceptor: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Competency Date: Met \_\_\_\_\_ Not Met: \_\_\_\_\_

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other \_\_\_\_\_

**Key:** 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization  
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

**Competency: Chemotherapy/Biotherapy – Manages care and seeks to prevent complications in patients requiring chemotherapy/**  
**Chemo Level: ☐ I ☐ II ☐ III biotherapy.**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Completes cytotoxic agent course post test with a passing score.	1	2	3	4	T			Unit Orientation	
2. Correlates individual's pathophysiology with the purpose of administration.	1	2	3	4	V			Administration and Symptom Management of Cytotoxic Agents Course	
3. Discusses nursing management of specific agent(s) side effects, risks, and complications of agent(s).	1	2	3	4	V			<u>NPCS Procedure:</u> Hazardous Drugs (HD), Safe Handling and Disposal of	
4. Calculates protocol dose of agent(s) based on patient's BSA.	1	2	3	4	D			<u>NPCS SOP:</u> Cytotoxic or Biologic Agents, Care of the Patient Receiving Intravenous	
5. Reviews CBC, Absolute Neutrophil Count, Chemistries and LFT's to determine appropriateness of agent dose and administration.	1	2	3	4	D, DR			Experience with preceptor	
6. Communicates changes in patient's status to the appropriate health care team member.	1	2	3	4	DR				
7. Documents that patient teaching is completed.	1	2	3	4	DR				
8. Administers agent(s) per NPCS guidelines for Level I, II, and III chemotherapy.	1	2	3	4	D				
9. Demonstrates safe handling and disposal of agent(s).	1	2	3	4	D, V				
10. Documents medication and administration per NPCS guidelines.	1	2	3	4	DR				

**Action Plan for Competency Achievement**  
Targeted Areas for Improvement (Behavioral Indicators):


Educational Activities/Resources Provided:


“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:


Re-evaluation date: \_\_\_\_\_

By: \_\_\_\_\_

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:\_\_\_\_\_